



**Division of Developmental Disabilities (DDD)  
Provider Quality Improvement Plan (QIP)**

For Division Use Only:

Provider: \_\_\_\_\_  
Type of Incident: \_\_\_\_\_  
QA Case Number: \_\_\_\_\_  
Person Involved: \_\_\_\_\_  
Date of mailing: \_\_\_\_\_  
Date of return: \_\_\_\_\_  
Approval by: \_\_\_\_\_

General Instructions: The purpose of this form is to describe the information learned from this incident which can be applied to prevent a similar incident from occurring or used for overall quality improvement. Respond to the questions below and use additional pages, if necessary. **Attach copies of any new policies, procedures, training, plans, etc. referenced.**

1. What actions have been taken to protect the person involved in this incident from any further harm?

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2. Please describe the action you have taken to discuss with the person/legal guardian/family involved his/her/their thoughts on this incident and ideas for possible solution.

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3. How have you addressed the recommendations included within the Investigative Analysis Findings/ Quality Assurance Review Analysis report?

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4. Has this incident resulted in any changes in any of the following areas (check/explain as appropriate):

\_\_\_\_\_ *policy* \_\_\_\_\_

\_\_\_\_\_ *procedures/routines* \_\_\_\_\_

\_\_\_\_\_ *training* \_\_\_\_\_

\_\_\_\_\_ *person's individual plan* \_\_\_\_\_

\_\_\_\_\_ *person's health care* \_\_\_\_\_

**If yes, please attach copies of any written changes.**

5. Describe the procedure for how these changes will be communicated to staff/other individuals and implemented.

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6. What have you learned from this incident that can be applied for overall quality improvement?

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7. Describe how this *Quality Improvement Plan* will be communicated to or shared with the Chairperson of your Human Rights Committee?

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Signature of Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Provider: \_\_\_\_\_